GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Andhra Pradesh Public Service Commission – Guidelines relating to Medical Examination of candidates appearing for recruitment to certain posts – Orders – Issued.

FINANCE (HR.I.Plg.Policy) DEPARTMENT

G.O. Ms. No. 147 Dated:06.08.2016

Read of following:

1. U.P.S.C., Regulations.
2. Annexure I.A to Rule 10 of A.P. Fundamental Rules.
3. Recommendation of A.P.P.S.C., dated: 19.04.2016.

O R D E R:

In the reference 3rd read above A.P.P.S.C., has proposed to align Medical Guidelines for recruitment purposes with those of U.P.S.C. The objective cited was to remove loopholes and set right inconsistencies in the extant guidelines. Government have examined the proposal of A.P.P.S.C., and decided to notify the revised Medical Guidelines.

Accordingly, the following notification shall be published in the Andhra Pradesh Gazette.

NOTIFICATION

In exercise of the powers conferred by Article 320 (1) of the Constitution of India and Regulation 14-A (iii) of A.P.P.S.C., Regulations, the Governor of Andhra Pradesh, hereby notifies the Medical Guidelines for candidates appearing for examinations conducted by A.P.P.S.C., as shown in the Annexure.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

AJEYA KALLAM
SPECIAL CHIEF SECRETARY TO GOVERNMENT

To

The Principal Secretary, A.P.P.S.C., (5 copies),
The Commissioner, Printing & Stationery Department, (02 copies)

Copy to

The GA (Services-A) Department.
All Spl. C.S. / Prl. Secretary / Secretaries to Government
All Heads of Department in A.P
The PS to JS to Hon'ble Chief Minister.
The PS to Hon'ble Minister (HR).
The PS to Chief Secretary to Government.
The PS to Special Chief Secretary to Government, Finance Department.

//FORWARDED::BYORDER//

SECTION OFFICER

Annexure

(G.O.Ms.No147 Finance (HR.I. Plg. Policy) Department Dated:6.08.2016)

REGULATIONS RELATING TO THE PHYSICAL EXAMINATION OF CANDIDATES

The regulations are published for the convenience of candidates and to enable them to ascertain the probability of their possessing the required physical standards. The regulations are also intended to provide guidelines to the medical examiners.

Note: 1. The Medical Board while conducting Medical examination of the candidates who have applied against the posts reserved for physically disabled category will keep in mind that the eligibility criteria for availing the reservation under physically disabled quota shall be the same as prescribed under relevant provisions of the persons with Disabilities (Equal Opportunity, Protection of Rights and Full Participation) Act, 1995.

Note: 2. Further the Government may also constitute special Medical Board (s) / Appellate Medical Board to issue the Disability Certificate in the prescribed form to physically disabled candidates and also to conduct the regular medical examination of physically disabled candidates in terms of these regulations.

Blind candidates shall be eligible for selection / appointment to posts which are identified as suitable by the Government.

II. The AP Public Service Commission reserves to itself the absolute discretion to either reject or accept any candidate after considering the report of the Medical Board.

The candidates who apply for the following posts of various services are subjected to thorough Medical Examination.

1. Revenue Divisional Officer (RDO) – A.P. Civil Service (Executive Branch).
2. Deputy Superintendent of Police (Civil) (The A.P. Police Service).
3. Deputy Superintendent of Jails (The A.P. Jails Service).
4. Deputy Superintendent of Police (Communications) – (A.P. Police Communications Service).
5. Divisional Fire Officer (The A.P. Fire and Emergency Service).
6. Assistant Prohibition & Excise Superintendent – (A.P. Prohibition and Excise Service).
7. Excise S.I – (A.P. Prohibition and Excise Sub-Service).
8. Assistant Motor Vehicle Inspector (A.P. Transport Service).
9. Assistant Conservator of Forests (ACFs) – (A.P. Forest Service).
10. Forest Range Officers (FROs)– (A.P. Forest Service).

1) To be passed as "fit" for appointment, a candidate must be in good mental and bodily health and free from any physical defect that is likely to interfere with the efficient performance of the duties of his/her appointment.

2) **a)** In the matter of co-relation of age limit, height, weight and chest girth of candidates, it is left to the Medical Board to use whatever co-relation of figure is considered most suitable as a guide in the examination of the candidates. If there is any disproportion with regard to height, weight and chest girth, the candidate should be hospitalized for investigation and X-Ray of the chest taken before the candidate is declared fit or unfit by the Board.

b) However, for certain posts/services mentioned at **Para II** minimum standards for height, and chest girth, without which candidates cannot be accepted, are as follows:

	Height	Chest girth fully expanded/Weight for Female Candidates	Expansion
(1)	**(2)**	**(3)**	**(4)**
1. Revenue Divisional Officer (RDO)	-	-	-
2. Deputy Superintendent of Police (Civil)	167.6 Cms (M) 152.5 Cms (W) 164 Cm (ST)	86.3 Cms 83.8 Cms (ST) 45.5 Kgs (weight) for (W)	5 Cms
3. Deputy Superintendent of Jails (Men)	167.6 Cms (M) 164 Cms (ST) & Aboriginal Tribes	86.3 Cms (M) 83.8 Cms (ST)	5 Cms
4. Deputy Superintendent of Police (Communications)	167.6 Cms (M) 152.5 Cms (W) 164 Cms (ST) & Aboriginal Tribes	86.3 Cms 45.5 Kgs (weight) for (W) 83.8 Cms (ST)	5 Cms (M)/ST &Other Tribes
5. Divisional Fire Officer	167.6 Cms 164 Cms (ST)	86.3 Cms 83.8 Cms (ST)	5 Cms
6. Assistant Prohibition & Excise Superintendent	165 Cms	86Cms	5 Cms
7. Excise Sub Inspector.	165 Cms (M) 152.5 Cms (W) 160 Cms (ST)	86 Cms 45.5 Kgs (W)	5 Cms
8. Assistant Motor Vehicle Inspector	165 Cms (M) 157.5 Cms (W) 160 Cms (ST/SC & Aboriginal Tribes) 152.5 Cm (W/SC/ST)	86.3 Cms 82.30 Cms (W) 83.80 Cms (ST/SC & Aboriginal Tribes) 79.80 Cms (SC-(W)/ST-(W))	5 Cms
9. Assistant Conservator of Forest (ACF)/ Forest Range Officers (FROs)	163 Cms (M) 150 Cms (W) Walking 25 Kms in 4 Hours (M) Walking 16 Kms in 4 Hours (W)	84 Cms (M) 79 Cms (W)	5 Cms
In The case of candidates appearing for the post of ACF/FRO, belonging to Scheduled Tribes and races such as Gurkhas, Nepalese, Assamese, Meghalaya, Ladakh, Nagaland, Manipuri, Goutha, Kashmir, Sikkimese, Bhutanese and Tripura.	152 Cms (M) 145 Cms (W)		

3. The candidate's height will be measured as follows:

He / She will remove his / her shoes and be placed against the standard with his/her feet together and weight thrown on the heels and not on the toes or other sides of the feet. He / She will stand erect without rigidity and with heels, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar. The height will be recorded in centimeters and parts of a centimeter to halves.

4. The candidate's chest will be measured as follows:

He / She will be made to stand erect with his/ her feet together and to raise arms over his / her head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep respiration several times and the maximum expansion of the chest will be carefully noted and the minimum and maximum will then be recorded in centimeters as specified in the above table.

N.B. – The height and chest of the candidates should be measured twice before coming to a final decision.

5. The candidate will also be weighed and his weight recorded in Kilo grams; fractions of half a Kilogram should not be noted.

6 (a). The candidate's eye sight will be tested in accordance with the following rules. The result of each test will be recorded.

(i) General – The candidate will be directed to a general examination to the detection of any disease or abnormality of his eyes. The candidate will be rejected if he suffers from any morbid conditions of eye(s), eyelids or contiguous structure if such a sort as to render or are likely to render him/ her unfit for service on a further date.

(ii) Visual Acuity - The Examination for determining the acuteness of vision includes two tests – one for distant and the other for near vision. Each eye will be examined separately.

(b) There shall be no limit for maximum naked eye vision but the naked eye vision of the candidates shall however be recorded by the Medical Board or other medical authority in every case, as it will furnish the basic information in regard to the condition of the eye.

(c) The vision standards are prescribed for the following posts:

For the posts of
Deputy Superintendent of Police (Civil), Divisional Fire Officer in Fire and Emergency Services.
STANDARD-I

RIGHT EYE	**LEFT EYE**
Distant Vision V – 6/6	V – 6/6
Near Vision-Reads 0.6	Reads 0.6

STANDARD-II

BETTER EYE	**WORSE EYE**
Distant Vision V- 6/4	V- Without Glasses Not below 6/6; and after correction with Glasses not below 6/24
Near Vision Reads 0.6	Reads – 1

STANDARD-III

BETTER EYE	**WORSE EYE**
Distance Vision-V without Glasses –	V - without Glasses – Not below

not below 6/24 and after correction with Glasses not below 6/6

6/24, after correction with Glasses not below 6/12

Near Vision – Reads 0.8

Reads 1

(b) Each eye must have a full field of vision as tested by any movements.

(c) Squint or any morbid condition of the eyes or of the lids of either eye liable to the risk of aggravation of recurrence will cause the rejection of the candidate.

(d) Each eye will be examined separately and the lids must be kept wide open during the test.

(e) Inability to distinguish the Principal colours will not be regarded as cause for rejection, but the fact will be noted in the proceedings and the candidate will be informed.

(f) The degree of acuteness of vision of all candidates for appointment will be entered in the proceedings in the following manner:

V.R	**Reads with**	**Glasses**
V.L	**Reads with**	**Glasses**

For the post of Deputy Superintendent of Police (Communications):

STANDARD -1

1. **Distance Vision:**
   Right Eye : 6/6 Near Vision 0/5 (Snellen)
   Left Eye: 6/6 Near Vision 0/5 (Snellen)

STANDARD – II

Better Eye: Distance vision =V, without glasses not below 6/24 after correction with glasses not below 6/66

Near Vision reads 0.8

Worse Eye: V-without glasses not below 6/24 and after correction with glasses not below 6/12

Near vision reads 1

ii. Each eye must have a full field of vision

iii. Colour blindness, squint or any morbid condition of the eye or the lids of either eye, will result in disqualification.

For the post of Excise Sub Inspector

Vision:

Right Eye : Near Vision 0/5 (Snellen) Distance : 6/6

Left Eye: Near Vision 0/5 (Snellen) Distance : 6/6

Each eye must have a full field of vision, colour blindness, squint or any morbid condition of the eye or the lids of either eye, will result in disqualification.

For the post of **Assistant Motor Vehicle Inspector**: under APTSS Rules, Must be certified to possess the visual standards specified below without glasses:

(a) Right Eye: Distance Vision 6/6 - Near Vision: 0.5 (on Snellen's Chart)
(b) Left Eye: Distance Vision 6/6 - Near Vision: 0.5 (on Snellen's Chart)
(c) Each eye must have a full field of vision.
(d) Colour Blindness, squint or any morbid conditions of the eyes or lids of either eye shall be deemed to be a disqualification.

d) (i) In respect of the posts / services concerned with the safety of public, the total amount of Myopia (including the cylinder) shall not exceed (– 4.00 D).

Total amount of Hypermetropia (including the cylinder) shall not exceed (+ 4.00 D)

Provided that in case a candidate is found unfit on ground of high myopia/very Hypermetropia the matter shall be referred to a Special Board of three ophthalmologists to declare whether this myopia/ Hypermetropia is

pathological or not. In case it is not pathological, the candidate shall be declared fit, provided he fulfills the visual requirements otherwise.

(ii) In every case of myopia/ Hypermetropia, fundus examination should be carried out and results recorded. In the event of pathological condition being present which is likely to be progressive and affect the efficiency of the candidate he/ she should be declared unfit.

(e) Field of Vision: The field of vision shall be tested in respect of all services by the confrontation method. When such test gives unsatisfactory or doubtful result the field of vision should be determined on the perimeter.

(f) Night Blindness: Broadly there are two types of night blindness: (1)As a result of Vitamin A deficiency and (2) As a result of Organic disease of Retina -common cause being Retinitis Pigmentosa. In (1)The fundus is normal, generally seen in younger age group and ill-nourished persons and improves by large doses of Vitamin A. In (2) the fundus is often involved and mere fundus examination will reveal the condition in majority of cases. The patient in this category is an adult and may not suffer from malnutrition. For both (1) and (2) dark adaptation test will reveal the condition.

(g). Colour Vision: The testing of colour vision shall be essential in respect of the posts /services mentioned at **Para II**.

Colour perception should be graded into higher and lower grade depending upon the size of aperture in the lantern as described in the table below:

Grade	Higher Grade Colour perception	Lower Grade colour Perception
1. Distance between the Lamp and the candidate	16 ft	16 ft
2. Size of aperture	1.3 mm	13 mm
3. Time of exposure	5 seconds	5 seconds

Satisfactory colour vision constitutes recognition with ease and without hesitation of signals red, green and yellow colours. The use of Ishihara's plates, shown in good light and a suitable Edrige Green's Lantern shall be considered quite dependable for testing colour vision. In doubtful cases where a candidate fails to qualify when tested by only one of the two tests, both the tests should be employed.

(h). Ocular condition other than visual acuity:

i. Any organic disease or a progressive refractive error, which is likely to result in lowering visual acuity, should be considered a disqualification.

ii. Squint: Squint with normal vision in both eyes can be corrected. For the posts of RDO, DSP (Jails), FRO/ACF& AES, such a candidate may be declared temporarily unfit. For the remaining posts, i.e., DSP (Civil), DSP (Communications), DFO, AMVI & Excise SI squint shall be cause for disqualification.

iii. If a person has one eye or if he has one eye which has normal vision and the other eye is amblyopic or has subnormal vision the usual effect is that the person is lacking stereoscopic vision for perception of depth. The medical board may recommend as fit, such persons, provided the normal eye has 6/6 distant vision, J/1 near vision with or without glasses provided the error in any meridian is not more than 4 dioptres for distant vision.

Full field of vision:

Normal colour vision wherever required.

Provided the board is satisfied that the candidate can perform all functions for the particular job in question.

iv. Contact Lenses: During the medical examination of a candidate, the use of contact lenses is not to be allowed. It is necessary that when conducting eye test the illumination of the typed letters for distant vision should have an illumination of 15 foot-candles.

GUIDELINES FOR SPECIAL OPHTHALMIC BOARD:

Special Ophthalmic Board for eye examination shall consist of 3 ophthalmologists:

(a) Cases where the Medical Board has recorded visual function within normal prescribed limits but suspects a disease of progressive and organic nature which is likely to cause damage to the visual function should refer the candidates to a Special Ophthalmic Board for opinion as part of the first medical Board

(b) All cases of any type of surgery on eyes, IOL refractive corneal surgery and doubtful cases of colour defect should be referred to a Special Ophthalmic Board.

(c) In such cases where a candidate is found to be having high myopia or high hyper-metropia the medical board should immediately refer the candidates for a Special Board of three Ophthalmologists constituted by the Medical Superintendent of the Hospital with the Head of the Department of Ophthalmology of the Hospital or the Senior most Ophthalmologist as the Chairman of the Special Ophthalmic Board. The Ophthalmologists / Medical Officer who has conducted the preliminary ophthalmic examination cannot be a part of the Special Board.

The examination by the special board should preferably be done on the same day. Whenever it is not possible to convene the special board of three Ophthalmologists on the day of the Medical Examination by the Medical Board,the Special Board may be convened at an earliest possible date.

The Special Ophthalmic Board may carry out detailed investigations before arriving at their decision.

The medical board's report may not be deemed as complete unless it includes the report of the special board for all such cases which are referred to it.

Guidelines for reporting on border line unfit cases:

In border line cases of substandard visual acuity, subnormal colour vision, the test will be repeated after 15 minutes by the board before declaring a person unfit.

07. Blood Pressure: The Board will use its discretion regarding Blood Pressure. A rough method of calculating normal maximum systolic pressure is as follows:

(i) With young subjects of 15-25 years of age, the average is about 100 plus the age.

(ii) With subjects of over 25 years of age, the general rule of 110 plus half the age seems quite satisfactory.

N.B. – As a general rule any systolic pressure over 140 mm. and diastolic over 90 mm. should be regarded as suspicious and the candidate should be hospitalized by the board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-ray and electrocardiographic examination of heart and blood urea clearance test should be done as a routine. The final decision as to fitness or otherwise of a candidate will, however, rest with the medical board only.

Method of taking blood pressure: the mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the candidate and particularly his/her arm is relaxed, he/she may be either lying or sitting. The arm is supported comfortably at the candidate's side in a more or less horizontal position. The arm should be freed from the cloth to the shoulder. The cuff completely deflated should be applied with the middle of the rubber over the inner side of the arm and its lower edge an inch or two above the bend of the elbow. The following

returns of cloth bandage should spread evenly over the bag to avoid bulging during inflation.

The brachial artery is located by palpitation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below but not in contact with the cuff. The cuff is inflated to about 200mm.hg. and then slowly deflated. The level at which the column stands when soft successive sounds are heard represents the systolic pressure. When more air is allowed to escape the sound will be heard to increase in intensity. The level at which the well-heard clear sounds change to soft muffed fading sounds represents the diastolic pressure. The measurements should be taken in fairly brief period of times as prolonged pressure of the cuff is irritating to the candidate and will vitiate the reading. Rechecking if necessary should be done only a few minutes after complete deflation of the cuff. Sometimes as the cuff is deflated sounds heard at a certain level may disappear as pressure falls and reappear at a still lower level. This silent gap may cause error in readings.

08. Urine Examination:

The urine (passed during the process of examination) should be examined and the results recorded. Where a Medical Board finds sugar present in the candidate's urine by the usual chemical tests, the Board will proceed with the examination with all its other aspects and will also specially note down any signs or symptoms suggestive of diabetes. If, except for the glycosuria, the Board finds the candidate conforms to the standards of medical fitness required, they may pass the candidate as fit, subject to the glycosuria being non-diabetic and the Board will refer the case to a specified Specialist in Medicine who has hospital and laboratory facilities at his/her disposal. The Medical Specialist will carry out whatever examinations, clinical and laboratory, he considers necessary including a standard blood sugar tolerance test, and will submit his/her opinion to the Medical Board upon which the Medical Board will base its final opinion "fit" or "unfit". For this purpose the candidates will not be required to appear in person before the Board on the second occasion. To exclude the effect of medication it may be necessary to retain a candidate for several days in hospital under strict supervision.

09. (Pregnancy): A woman candidate, who as a result of tests is found to be pregnant of 12 weeks standing or over should be declared temporarily unfit until the confinement is over. She should be re-examined for fitness certificate six weeks after the date of confinement, subject to the production of a medical certificate of fitness from a registered medical practitioner.

10. THE FOLLOWING ADDITIONAL POINTS SHOULD BE OBSERVED:

(a) That the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective the candidate should be got examined by an ENT Specialist, provided that if the defect in hearing is remediable by operation or by use of a hearing aid a candidate cannot be declared unfit on that account provided he/she has no progressive disease in the ear. The following are the guidelines for the medical examining authority in this regard.

1. Marked or total deafness in one ear other ear being normal	Fit, if the deafness is up to 30 decibles in higher frequency.
2. Perceptive deafness in both ears in which some improvement is possible by a hearing aid	Fit, if the deafness is up to 30 decibles in speech frequencies of 1000-4000
3. Perforation of tympanic membrane of central or marginal type	(i). one ear normal other ear having, perforation of tympanic membrane – temporarily unfit. Under improved conditions of ear surgery, a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4(ii) below (ii). Marginal or attic perforation in both ears 'unfit'

	(iii). Central perforation in both ears 'temporarily unfit'.
4. Ears with mastoid cavity subnormal hearing on one side/on both sides	(i).Either ear normal hearing and other ear with mastoid cavity – 'Fit' (ii). Mastoid cavity of both sides –'Unfit'
5. Persistently discharging ear operated/ un-operated.	'Temporarily Unfit'
6. Chronic inflammatory/ allergic condition of nose with or without bony deformities of nasal Septum	A decision will be taken as per circumstances of individual cases
7. Chronic inflammatory conditions of tonsils and/or Larynx	(i).Chronic inflammatory conditions of tonsils and /or larynx- 'fit' (ii).Hoarseness of voice of severe degree if present then 'temporarily unfit'.
8. Benign or locally malignant tumours of the E.N.T.	(i).benign tumours 'temporarily unfit' (ii).Malignant Tumour- 'Unfit'
9.Otosclerosis	If the hearing is within 30 decibels after operation or with the help of hearing aid – 'Fit'
10. Congenital defects of ear, nose or throat.	(i).If not interfering with functions – 'Fit'
11. Nasal/poly	"Temporarily unfit'.

(b) That his/her speech is without impediment;
(c) That his/her teeth are in good order and that he/she is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound);A candidate with decayed teeth may be declared as temporarily unfit. However decayed teeth are a disqualification for the posts of AMVI& DSP (Communications)& Excise SI.
(d) That the chest is well formed and his/her chest expansion sufficient and that the hearts and lungs are sound
(e) That there is no evidence of any abdominal disease;
(f) That the ear-drum is not ruptured;
(g) That he/she does not suffer from hydrocele, varicose veins or piles; Candidates suffering from such complaint may be declared temporarily unfit. However varicose veins is a disqualification for the posts of AMVI, DSP (Communications) & Excise SI.
(h) That his/her limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints – However, fractured limbs are a disqualification for DSP (Communications), Excise SI& AMVI.
(i) That he/she does not suffer from any inveterate skin disease;
(j) That there is no congenital malformation or defect;
(k) That he/she does not bear traces of acute or chronic disease pointing to an impaired constitution;
(l) That he/she bears marks of efficient vaccination; and
(m) That he/she is free from communicable diseases.

11. Candidates with knocked knees and flat foot are to be declared as unfit for all posts/ services mentioned at **para II**. Candidates with pigeon chest, hammer toes are unfit for the posts of AMVI, DSP (Communications) & Excise SI.

12. Radiographic examination of the chest should be done as a routine in all cases for detecting any abnormality of the heart and lungs, which may not be apparent by ordinary physical examination in respect of such candidates who are declared finally successful.

13. Candidates who are affected with certain curable afflictions may be declared as **'temporarily unfit'** by the Medical Board. Such afflictions have been specified at paras 6(h-ii), 9 & 10 (above).

i. In case where a Medical Board considers that a minor disability disqualifying a candidate for Government Service can be cured by treatment (medical or surgical) a statement to the effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion

to the effect by the appointing authority and when a cure has been affected it will be open to the authority concerned to ask for another Medical Board.

ii. In the case of candidates who are to be declared 'Temporarily Unfit' the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period these candidates should not be declared temporarily unfit for a further period but a final decision in regard to their fitness for appointment or otherwise should be given.

14 a. In case of doubt regarding health of a candidate the Chairman of the Medical Board may consult a suitable Hospital specialist to decide the issue of fitness or unfitness of the candidate for Government Service e.g. if a candidate is suspected to be suffering from any mental defect or aberration, the Chairman of the Board may consult a Hospital Psychiatrist, Psychologist, etc.,

b. When any defect is found it must be noted in the certificate and the medical examiner should state his opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

c. In case where a candidate is declared unfit for appointment to the Government Service the ground for rejection may be communicated to the candidate in broad terms without giving minute details regarding the defects pointed out by the Medical Board.

d. The report of the Medical Board should be treated as confidential.

e. The decision of the Chairman of the Medical Board (conducting the medical examination of the concerned candidate) about the fitness of the candidate shall be final.

15. The candidates filing an appeal against the decision of the Medical Board have to deposit an appeal fee of Rs.100.00 in such manner as may be prescribed by the Government of Andhra Pradesh in this behalf. This fee would be refunded if the candidate is declared fit by the Appellate Medical Board. The candidates may, if they like, enclose a medical certificate in support of their claim of being fit. Appeals should be submitted within 21 days of the date of the communication in which the decision of the Medical Board is communicated to the candidates; otherwise request for second medical examination by an Appellate Medical Board will not be entertained. The Medical Examination by the Appellate Medical Board be arranged as decided by Commission and no travelling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination.

MEDICAL BOARD'S REPORT

The following intimation is made for the guidance of the Medical Examination:-

1. The standard of physical fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.

No person will be deemed qualified for admission to the Public Service who shall not satisfy Government or appointing authority as the case may be that he has no disease, constitutional affliction, or bodily infirmity, unfitting him or likely to unfit him for that Service.

It should be understood that the question of fitness involves the future as well as present and that one of the main objects of medical examinations is to secure continuous effective service, and in the case of candidates for permanent appointment to prevent early pension or payments in case of pre-mature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and the rejection of a candidate need not be advised on account of the presence of a defect which in only a small proportion of cases is found to interfere with continuous effective service.

A Lady Doctor will be co-opted as a member of the Medical Board whenever a woman candidate is to be examined.

a) **CANDIDATE'S STATEMENT AND DECLARATION.**

The candidate must make the statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His attention is specially directed to the warning contained in the note below:-

1 State your name in full (in block letters) :

2 (a) State your age and birth place

(b) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribes etc., whose average height is distinctly lower, Answer 'Yes" or "No" and if the answer is "Yes" state the name of the race.

3 (a) Have you ever had smallpox intermittent or any other fever enlargement of suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attack, rheumatism, appendicitis?

OR

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?

4. When were you last vaccinated?

5. Have you suffered from any form of nervousness due to over work or any other causes?

6. Furnish the following particulars concerning your family:-

Father's age if living and state of Health	**Father's age at death and cause of death**	**No. of brothers living, their age and state of health**	**No. of brothers dead, their age, and causes of death**
1	**2**	**3**	**4**
1.			
2.			
3.			

Mother's age if living and state health	**Mother's age at death and cause of death**	**No. of sisters living, their age and state of health**	**No. of sisters dead, their age, and causes of death**
1	**2**	**3**	**4**

7. Have you been examined by a Medical Board before?

8. If answer to the above is "Yes", please state what service/services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Board held?

11. Result of the Medical Board's examination if communicated to you or if you know.

12. All the above answers are to the best of my knowledge and belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board

PROFORMA

(a) Report of the Medical Board on (name of candidate) Physical Examination.

1. General development: Good _____ Fair _____ Poor _____
2. Nutrition: Thin _____ Average _____ Obese _____
3. Height: (Without Shoes) _____
4. Weight _____
5. Best Weight _____When _____ any recent changes in weight _____
6. Temperature _____.

Girth of Chest:

1. (1)After full inspiration
   (2)After full expiration

2. Skin: Any obvious disease

3. Eyes:
   (1) Any disease :
   (2) Night Blindness :
   (3) Defect in colour vision :
   (4) Field of vision :
   (5) Visual acuity :
   (6) Fundus examination :

Acuity of vision	Naked eye with glasses	Strength of glass sph. Cyl. Axis
1	2	3
Distant Vision		
RE		
LE		
Near Vision		
RE		
LE		
Hypermetropia (Manifest)		
RE		
LE		

4. Ears _____ Inspection _____ Hearing:
   Right Ear _____
   Left Ear _____
5. Glands _____ Thyroid _____
6. Condition of teeth _____
7. Respiratory system: Does physical examination reveal anything abnormal in the respiratory organs_____ If yes explain fully _____
8. Circulatory System:
   (a) Heart: Any Organic Lesions _____ Rates
   Standing _____ After hopping 25 times
   _____ 2 minutes after hopping
   (b) Blood Pressure:
   Systolic _____ Diastolic _____
9. Abdomen:
   Girth_____Tenderness _____
   Hernia _____
   (a) Palpable Liver Spleen _____ Kidneys _____ Tumours _____ Haemorrhoids _____ Fistula _____
10. Nervous System : Indication of nervous or mental disabilities _____
11. Loco Motor System: Any abnormality

12. Genito Urinary System: Any evidence of Hydrocele, Varicocele etc.,
    Urine Analysis;
    (a) Physical appearance _____
    (b) Sp Gr _____
    (c) Albumen_____
    (d) Sugar _____
    (e) Casts _____

(f) Cells _____

13. Is there anything in the health of the candidates likely to render him unfit for the efficient discharge of his duties in the service for which he is a candidate?

Note:- In the case of female candidate, if it is found --- that she is pregnant of 12 weeks standing or over, she would be declared temporarily unfit vide Regulation 9.

14. (i) State the service for which the candidate has been examined and is the candidate fit for field service?

(a) Revenue Divisional Officer (RDO)
(b) Deputy Superintendent of Police (Civil).
(c) Deputy Superintendent of Jails (Men).
(d) Deputy Superintendent of Police (Communications).
(e) Divisional Fire Offer.
(f) Assistant Prohibition and Excise Superintendent.
(g) Excise Sub-Inspector.
(h) Assistant Motor Vehicle Inspector.
(i) Assistant Conservator of Forest (ACFs).
(j) Forest Range Officers (FROs).

15. Chest X-Ray Examination.

Note: The Board should record their findings under one of the following three categories:-

(i) Fit_____
(ii) Unfit on account of _____
(iii) Temporarily unfit on account of _____
(iv) Fit only for specified vacancy reserved for physically impaired ___

Place :

Chairman

Signature Member

Date : Member

Seal of the Medical Board

SECTION OFFICER